

ing into the pharynx, and, with very little difficulty, removed the greater part of the anterior arch of the atlas, with the entire articulating surface of the odontoid process of the axis. Caution was enjoined for a time, and the patient was enabled to resume his usual occupations in three months; the throat, however, has continued, from time to time, to be subject to attacks of ulceration. The power of rotating the head is now nearly perfect, but he has a catching pain at the back of the neck when he attempts to bend his head forwards.

Mr. PRESCOTT HEWETT brought forward two preparations, which had reference to the paper which had just been read. These preparations were presented to the pathological museum of St. George's Hospital, in 1835, by Mr. Keate, who removed them, in 1810, from a man who had been affected with syphilis, and had taken large quantities of mercury. One of these preparations was a large exfoliation from the anterior part of the atlas, on which might be detected a small portion of the articulating surface for the odontoid process. This portion was perfectly smooth, and of the size of a split pea; the remainder of the bone was rough, and consisted only of about two-thirds of the thickness of the anterior arch of this vertebra; it measured an inch in length. The other preparation, which was taken from the same patient, consisted of an extensive exfoliation from the basilar surface of the occipital, including the luxated edge of that bone. After the removal of these pieces of bone, as well as exfoliations from other parts, the patient recovered his former health and strength. The details of this case were published by Mr. Keate in the *Medical Gazette* for 1835.

Mr. WADE replied, in answer to a question from the president, that his patient retained, unimpaired, the power of rotating the head, but that it could only be bent forward to a very slight extent, not more than an inch. With regard to the case mentioned by Mr. Hewett, as having occurred at St. George's Hospital, in 1810, although, in some respects, resembling his own, there was this important difference, that in Mr. Hewett's there had been exfoliation of a part only of the anterior arch of the atlas, with but a portion of the articulating surface for the odontoid process; so that, in fact, some degree of bony support had still remained in front of that process. Mr. Wade believed that the case brought by him before the Society was the only one recorded in which exfoliation of the whole of the anterior arch of the atlas, with the entire articulating surface for the odontoid process of the axis, had occurred, affording a satisfactory proof that the transverse ligament has sufficient strength to retain that process in its place.—*Lancet*, Feb. 24.

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32. *New Variety of Luxation of the Humerus.* By M. MALGAIGNE.—A man, æt. 63, presented himself to M. Malgaigne, 31st of October, with a luxation of the humerus, which had occurred on the 16th of the preceding August; and the subject being a thin one, he was enabled to convince himself that it was a variety of the accident of which he knew of no other example. The man had been pitched to a distance from the top of a high wagon on to the ground, and had fallen on his shoulder, the arm being at the same time compressed against the trunk. A careful examination showed that the head of the bone had been carried upwards and forwards above the acromio-coracoid ligament and the coracoid process, which was so concealed by the head of the bone as not to be felt. The exact seat of the head was on the acromio-coracoid ligament, anteriorly and superiorly to the coracoid process; so that it might be termed the *supra-coracoid* luxation of the humerus. It was irreducible at so remote a period.—*Brit. & For. Med.-Chir. Rev.*, from *Rev. Méd. Chir.*, tom. v. p. 30.

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33. *Staphyloraphy.*—M. GERDY exhibited to the National Academy of Medicine a lad, fifteen years of age, on whom he had performed the operation of staphyloraphy, and whose pronunciation was entirely re-established. The cleft-palate in this patient, he stated, was so large, that the thumb could not cover the opening; there was no separation of the bone. Pronunciation was painful, and very imperfect. The fault of pronunciation was principally on the consonants, especially on the c, s, j, ch, n, b; in fact, the whole of the consonants were very much altered from the air escaping by the nostrils. The sounds were so very confused, that the person could hardly be understood. At present,

the patient is cured, with the exception of a very slight embarrassment, the results of previous habits of speaking: at the same time, the deglutition of fluid, formerly accompanied with difficulty, is now quite easy. M. Gerdy made use of the ordinary process of refreshing the edges; but in place of the interrupted suture, which he always thought bad, from its forming a ring, the pressure of which brought on sloughing of the part, he preferred the quilled suture, which forms only a half circle, and does not strangle the approximated portions. Instead of quills, he used two small pieces of liquorice root, moistened in warm water; he removed the first thread on the 6th day, and the rest on the 7th. M. Gerdy attributed the success principally to the employment of the quilled suture, which he considers preferable to all others for this purpose.—*Monthly Retrospect*, from *Gaz. des Hôpitaux*, Oct. 1848.

34. *Ligature of the External Iliac Artery*.—T. W. NUNN, Esq., has communicated to the *Lancet* (May 5) a case of femoral aneurism about the size of half a large orange, in a man 43 years of age. A ligature was applied to the external iliac, while the patient was under the influence of chloroform, Jan. 26th. The ligature came away on the 32d day (23d Feb.), and on the 23d March the patient resumed his employment. The temperature of the limb was well maintained throughout. On the evening after the operation, the thermometer indicated in the ham of the ligatured side a heat of 95°; while in the ham of the sound side, and in the axilla, a temperature of 92° only was attained. Indeed, many days after the operation, the right limb appeared to the hand to be the warmer of the two, though the thermometer did not verify the impression. I consider the chloroform to have been the cause of the troublesome cough mentioned, but fortunately produced no serious harm.

35. *Femoral Aneurism*. Mr. TUFNELL communicated to the Surgical Society of Ireland (Feb. 17, 1849) the following extremely interesting case of femoral aneurism. The subject of it was an Irishman, a sergeant of infantry, aged 34, five feet ten inches in height, a strong and very healthy man, of temperate habits, and extreme moral courage. On the 10th of March 1848, whilst at drill, performing the extension motions, and endeavouring to touch the ground without bending the knees, he felt something snap in the fold of the left groin. He did not suffer pain or inconvenience, and made no report of the circumstance. The day but one following he marched a distance of eighteen Irish miles. His foot and leg swelled upon this occasion, and continued to do so for several days, when, finding the oedema so great as to prevent him from wearing his boot, he went into hospital, complaining of being foot-sore from the march. He rested in bed for a short time, and the swelling gradually subsided. He returned, therefore, to his duty, and continued at it for upwards of a week, when, being engaged in the escort of provisions, and finding himself unequal for the duty, he was readmitted into hospital, complaining of oedema and leg weariness as before. Rest in the recumbent position again relieved the swelling, and he reported himself as fit for his duty. He was accordingly a second time discharged, and was immediately sent (being a steady, intelligent man) on the recruiting service to England.

Here, during a period of several months, he performed every duty required of him. He stated that, shortly after leaving the regiment, the swelling of the leg became constant, and a small tumour gradually formed in the fold of the left thigh, which at first he could perceive in the night, when in bed, ticking like a clock, but that afterwards, as the swelling increased, the pulsation became indistinct. He never sought for medical relief, but was daily walking about, searching for recruits. This state of things continued until early in the month of October, when the pain in the thigh and leg (especially after standing for several hours), became so severe as to oblige him to apply for permission to return to his regiment. He was accordingly recalled, but on rejoining his corps, he made no further complaint, and continued to perform the ordinary duties of a sergeant until the 22d of December last. On that day he went to the hospital, and exhibited to the medical officer of his corps a large, pale tumour, situated at the